

Anaphylactic sensitization and its relationship with mRNA vaccine technology

Anaphylactic Sensitization defining it as a state where an organism becomes **hypersensitive** rather than protected after a prior exposure to a substance. injecting **tiny doses of foreign proteins**, especially if repeated (e.g., after about two weeks), could induce **violent, permanent, and lifelong allergies** to that substance. This reaction could be triggered by minimal future contact, such as skin touch or ingestion. this hypersensitive state, once induced, could persist for years and might be irreversible, as the organism's chemical constitution is permanently modified.

Critical Interpretation of Anaphylactic Sensitization and All Vaccines a foundational principle that **all vaccines, from the late 1700s to the present, are mechanisms of harm** rather than disease prevention. Vaccines contain **undeclared traces of food proteins** (e.g., peanut oil, milk whey, beef plasma) designed to sensitize populations to basic foods like peanuts, milk, wheat, corn, beef, and chicken, the engineered cause for the observed rise in allergies, from rarity in pre-1980s generations to approximately 1 in 3 people today. This mechanism is further extended to autoimmunity, where the body produces "non-self" proteins, leading to self-attack similar to a failed organ transplant.

3. Anaphylactic Shock and mRNA Vaccine Technology (Mainstream Scientific View) From a mainstream scientific perspective, anaphylactic shock is a **severe, rapid-onset allergic reaction** involving multiple organ systems, and potentially life-threatening if untreated. It is typically an **IgE-mediated Type I hypersensitivity**.

Mechanism in mRNA Vaccines: Initial Exposure (Sensitization): When a protein or component (like **polyethylene glycol (PEG)** in mRNA vaccines) is first introduced, the immune system of a susceptible individual may recognize it as foreign. B cells are stimulated to produce IgE antibodies specific to the substance. These IgE antibodies bind to mast cells and basophils, priming the immune system for a future reaction. **Subsequent Exposure (Triggering):** Reintroduction of the same substance (e.g., via a booster shot) causes the antigen to rapidly bind to IgE antibodies on mast cells, triggering **degranulation and the release of inflammatory mediators** like histamine, leukotrienes, and cytokines.

Symptoms: This rapid release causes hallmark symptoms such as respiratory distress (bronchoconstriction, throat swelling), cardiovascular issues (hypotension, rapid pulse), cutaneous symptoms (hives, itching), and gastrointestinal issues (nausea, vomiting). Symptoms typically begin **within minutes to an hour**. **Incidence and Causative Agents:** Anaphylaxis after COVID-19 mRNA vaccination is **rare**, with initial rates for Pfizer-BioNTech around 11.1 cases per million doses, later settling to **approximately 2-5 cases per million doses** for mRNA vaccines, comparable to other vaccines. **Polyethylene glycol (PEG)**, a component of lipid nanoparticles (LNPs) in mRNA vaccines, has been identified as a potential allergen. Other theories include complement activation-related pseudoallergy (CARPA) or direct mast cell degranulation.

Risk Factors and Management: Individuals with a **history of allergies** or allergic reactions are at higher risk. Female predominance and younger age have also been observed. **Immediate treatment with epinephrine** is critical. Vaccination sites are typically equipped with epinephrine, and patients are monitored for 15-30 minutes post-administration. **Outcome:** Most patients recover fully with treatment, and deaths from vaccine-associated anaphylaxis are exceptionally rare.